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APPLICANTS

Thomas F. Collura, Mayfield Heights, OH;
 Theresia Mrklas, Bedford, OH;

**** CONTINUING DATA ********JF***** FOREIGN APPLICATIONS ********JF***IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ****

** 05/01/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no			
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after			
Verifier and Acknowledged	<i>JF</i> Examiner's Signature <i>JF</i> Initials			
Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 4	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 5

ADDRESS

JAMES C. SCOTT, ESQ
 ROETZEL & ANDRESS
 1375 E. 9TH STREET
 ONE CLEVELAND CENTER, 10TH FLOOR
 CLEVELAND, OH44114

TITLE

Network enabled biofeedback administration

FILING FEE RECEIVED 579	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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